



DIVISION OF TREASURY

255 ROCKVILLE PIKE, SUITE L-15 ROCKVILLE, MARYLAND 20850
240-777-0311

APPLICATION FORM PROPERTY TAX CREDIT SPOUSE OF FALLEN LAW ENFORCEMENT OFFICER OR RESCUE WORKER

Name of Surviving Spouse

Name of Fallen Law Enforcement Officer or Rescue Worker

Property Address

Agency / Department of Fallen Officer or Rescue Worker

Property Address

Property Tax Account Number

TO RECEIVE THE TAX CREDIT, THE FOLLOWING INFORMATION MUST BE PROVIDED ANNUALLY, BY APRIL 1.

1. Date (Month / Year) of death, of the fallen law enforcement officer or rescue worker: _____
2. Did the death occur as a result of, or in the course of employment as a law enforcement officer or rescue worker? (Circle One) **YES / NO**
3. Has the surviving spouse of the fallen law enforcement officer or rescue worker remarried? (Circle One) **YES / NO**

PLEASE INDICATE WHICH OF THE FOLLOWING IS TRUE, AND PROVIDE ALL APPLICABLE INFORMATION.

4. The property was owned by the fallen law enforcement officer or rescue worker at the time of the law enforcement officer's or rescue worker's death. (Circle One) **TRUE / FALSE**
5. The fallen law enforcement officer or rescue worker or the surviving spouse was domiciled in the State as of the date of the fallen law enforcement officer's or rescue worker's death, and the property was acquired by the surviving spouse within two (2) years of the fallen law enforcement officer's or rescue worker's death. (Circle One) **TRUE / FALSE**
6. The property was acquired after the surviving spouse qualified for the credit for a former property under item 4 or 5 above. **(Credit limited to the extent of the credit at the former property)** (Circle One) **TRUE / FALSE**
If TRUE, please provide property tax account number of former property: _____
7. The property is the legal residence of the surviving spouse. (Circle One) **TRUE / FALSE**
8. The property is occupied by more than two families. (Circle One) **TRUE / FALSE**

I hereby certify under oath and affirmation, subject to the penalties provided by law, that the information and responses in this application are true and correct to the best of my knowledge, information, and belief.

SIGNATURE OF SURVIVING SPOUSE

APPLICATION DATE

FOR OFFICE USE ONLY

- A. COUNTY PROPERTY TAXES: Tax Account Number _____
- B. COUNTY PROPERTY TAXES – FORMER PROPERTY ACCOUNT (per item 6, above): _____
- C. **PROPERTY TAX CREDIT AMOUNT (Equals the lesser of A or B):** _____